

**REPORT OF STATE CONSTABLE EXAMINATION**  
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**TO THE EXAMINING PHYSICIAN:**

All information **MUST** be completed. Please type or print legibly and return to the Constable candidate and/or the South Carolina State Law Enforcement Division (SLED).

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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PATIENT/CANDIDATE'S NAME: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**THE ABOVE NAMED CANDIDATE IS:**

- ☐ Medically **Suitable** for the SC State Constables Program
- ☐ Medically **Unsuitable** for the SC State Constables Program for the following reasons:

\_\_\_\_\_  
**COMMENTS:**

The medical history and physical examination results for this Candidate are on file in the Physician's office at the above address and will be made available to the SC State Law Enforcement Division upon request. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate.

Date: \_\_\_\_\_ Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Candidate's signature: \_\_\_\_\_

**NOTE: ALL** information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must sign and date this page as well.